

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/		101		/
2		/					52		/		102		/
3		/					53		/		103		/
4		/					54		/		104		/
5		/					55		/		105		/
6		/					56		2		106		/
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65		/				
16		/					66		/				
17		/					67		/				
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		/					71		/				
22		/					72	/					
23		/					73		/				
24		/					74		/				
25		/					75		/				
26		/					76		/				
27		/					77		/				
28		/					78		/				
29		/					79		/				
30		/					80		/				
31		/					81		/				
32		/					82		/				
33		/					83		/				
34		/					84		/				
35		/					85		/				
36		/					86		/				
37		/					87		/				
38		/					88		/				
39		/					89		/				
40		/					90		/				
41		/					91		/				
42		/					92		/				
43		/					93		/				
44		/					94		/				
45		/					95		/				
46		/					96		/				
47		/					97		/				
48		/					98		/				
49		/					99		/				
50		/					100		/				
TOTAL IND.							TOTAL IND.					2	
TOTAL DEP.							TOTAL DEP.					105	
TOTAL CLAIMS							TOTAL CLAIMS					107	

09/432498

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		
26	10	1	✓	✓	✓	✓		61			
	10	2						62			
	10	3						63			
27	10	4		✓		✓		64			
28	10	5	✓	✓	✓	✓		65			
	10	6						66			
	10	7						67			
	10	8						68			
	10	9						69			
	10	10						70			
	10	11						71			
	10	12						72			
	10	13						73			
	10	14						74			
	10	15						75			
	10	16						76			
	10	17						77			
	10	18						78			
	10	19						79			
	10	20						80			
	10	21						81			
	10	22						82			
	10	23						83			
	10	24						84			
	10	25						85			
	10	26						86			
	10	27						87			
	10	28						88			
	10	29						89			
	10	30						90			
	10	31						91			
	10	32						92			
	10	33						93			
	10	34						94			
	10	35						95			
	10	36						96			
	10	37						97			
	10	38						98			
	10	39						99			
	10	40						100			
	10	41									
	10	42									
	10	43									
	10	44									
	10	45									
	10	46									
	10	47									
	10	48									
	10	49									
	10	50									
		TOTAL IND.						TOTAL IND.			
		TOTAL DEP.						TOTAL DEP.			
		TOTAL CLAIMS						TOTAL CLAIMS			